PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it displays a valid OMB control number.

Citati inc i apervoir reduction not bi	Complete if Warner						
Effective on 12/08/	Complete if Know						
Fees pursuant to the Consolidated Approp	Application Nun		10/626,695-Conf. #2677				
FEE TRANSMITTAL		Filing Date July 25, 2003		<u> </u>			
For FY 2008		First Named Inv		Ronald Hubert Carlos			
		Examiner Name H. S. Hu					
Applicant claims small entity status. See 37 CFR 1.27		Art Unit 1713			_		
TOTAL AMOUNT OF PAYMENT	(\$) 120.00	Attorney Docket No. 0142-0419P					
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES SEARCH FEES EXAMINATION FEES							
Application Type Fee (\$	<u>Small Entity</u> ) <u>Fee (\$) Fee (\$</u>	Small Entity (5) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)	
Utility 310	155 510	255	210	105		,,,,	
Design 210	105 100	50	130	65			
Plant 210	105 310	155	160	80			
Reissue 310	155 510	255	620	310			
Provisional 210	105 0	0	0	0	•		
2. EXCESS CLAIM FEES		_	-	-		Small Entity	
Fee Description Fee (\$)						Fee (\$)	
Each claim over 20 (including Reissues)					50	25	
Each independent claim over 3 (including Reissues)					210	105	
Multiple dependent claims 370 185						185	
Total Claims Extra Claims	Fee (\$) Fee	e Paid (\$)		Multiple Dependent Claims			
	k =	·····	Fee	<u>(\$)</u> <u>F</u>	ee Paid (\$	1	
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  2 -3 = 0 x =							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheet	s <u>Number of each</u>	additional 50 or fra	ction thereof		<u>Fee l</u>	Paid (\$)	
100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00							
SUBMITTED.BY)							
Signature ( )	VIVAN	Registration No.	43,368	Telephone	(703) 205-8000		
Name (Print/Type) Paul C. Lewis	a per	(Attorney/Agent)	3	Date	January 7, 2008		
nwyo)							